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** CONTINUING DATA ***** ~.~.

** FOREIGN APPLICATIONS *****

RE. RE.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** RE. RE.

** 08/16/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	INDIA	DRAWING 11	CLAIMS 21	CLAIMS 4
Verified and Acknowledged	RE. RE. Examiner's Signature	Initials			

ADDRESS

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TITLE

Recombinant streptokinase

	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT